

SERFF Tracking Number:	CHUB-125449649	State:	Arkansas
Filing Company:	Great Northern Insurance Company	State Tracking Number:	#367724 \$50
Company Tracking Number:	08-CA-2-F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto		
Project Name/Number:	Great Northern Ins. Co. Informational Filing Re-Domestication/08-CA-2-F		

Filing at a Glance

Company: Great Northern Insurance Company

Product Name: Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

SERFF Tr Num: CHUB-125449649 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08-CA-2-F

State Tr Num: #367724 \$50

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Berenice Camillo

Date Submitted: 02/04/2008

Disposition Date: 02/14/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New): 02/14/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

02/14/2008

State Filing Description:

General Information

Project Name: Great Northern Ins. Co. Informational Filing Re-Domestication

Project Number: 08-CA-2-F

Reference Organization:

Reference Title:

Filing Status Changed: 02/14/2008

State Status Changed: 02/14/2008

Corresponding Filing Tracking Number:

Filing Description:

Informational Filing.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Enclosed for your information are our declarations pages.

Effective November 30, 2007, Great Northern Insurance Company was re-domesticated from Minnesota to Indiana.

SERFF Tracking Number:	CHUB-125449649	State:	Arkansas
Filing Company:	Great Northern Insurance Company	State Tracking Number:	#367724 \$50
Company Tracking Number:	08-CA-2-F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto		
Project Name/Number:	Great Northern Ins. Co. Informational Filing Re-Domestication/08-CA-2-F		

We have enclosed a copy of the letter approving the re-domestication to Indiana as submitted to us by the Commissioner of Indiana.

In our previously approved filing the state of incorporation was not hard coded, however, we sent final sample copies to show what our declarations pages would look like upon issuance.

Since the state of domicile of Great Northern Insurance Company has been changed from Minnesota to Indiana and since nothing else has changed, we are submitting our declarations pages showing the state of incorporation as it will appear on issued policies, for informational purposes only and would appreciate receiving your acknowledgment.

Company and Contact

Filing Contact Information

John J. Zanzalari, Vice-President	jzanzalari@chubb.com
202 Hall's Mill Road	(908) 572-4726 [Phone]
Whitehouse Station, NJ 08889-1650	(908) 572-4820[FAX]

Filing Company Information

Great Northern Insurance Company	CoCode: 20303	State of Domicile: Indiana
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650		
Whitehouse Station, NJ 08889-1650	Group Name:	State ID Number:
(908) 572-4726 ext. [Phone]	FEIN Number: 41-0729473	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Check#367724
Per Company:	No

SERFF Tracking Number: CHUB-125449649 State: Arkansas
Filing Company: Great Northern Insurance Company State Tracking Number: #367724 \$50
Company Tracking Number: 08-CA-2-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: Great Northern Ins. Co. Informational Filing Re-Domestication/08-CA-2-F

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great Northern Insurance Company	\$0.00	02/04/2008	

SERFF Tracking Number:	CHUB-125449649	State:	Arkansas
Filing Company:	Great Northern Insurance Company	State Tracking Number:	#367724 \$50
Company Tracking Number:	08-CA-2-F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto		
Project Name/Number:	Great Northern Ins. Co. Informational Filing Re-Domestication/08-CA-2-F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/14/2008	02/14/2008

<i>SERFF Tracking Number:</i>	<i>CHUB-125449649</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great Northern Insurance Company</i>	<i>State Tracking Number:</i>	<i>#367724 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CA-2-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Great Northern Ins. Co. Informational Filing Re-Domestication/08-CA-2-F</i>		

Disposition

Disposition Date: 02/14/2008

Effective Date (New): 02/14/2008

Effective Date (Renewal): 02/14/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CHUB-125449649	State:	Arkansas
Filing Company:	Great Northern Insurance Company	State Tracking Number:	#367724 \$50
Company Tracking Number:	08-CA-2-F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Auto		
Project Name/Number:	Great Northern Ins. Co. Informational Filing Re-Domestication/08-CA-2-F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	IN Re-domestication letter	Approved	Yes
Supporting Document	Certificate of Compliance	Approved	Yes
Form	Business Auto Coverage Form Declarations	Approved	Yes
Form	Garage Coverage Part Declarations	Approved	Yes
Form	Truckers Coverage Form Declarations	Approved	Yes

SERFF Tracking Number: CHUB-125449649 State: Arkansas

Filing Company: Great Northern Insurance Company State Tracking Number: #367724 \$50

Company Tracking Number: 08-CA-2-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: Great Northern Ins. Co. Informational Filing Re-Domestication/08-CA-2-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Business Auto Coverage Form Declarations	16-02-0214	Rev. 4-06	Declaration Replaced s/Schedule	Replaced Form #:0.00 16-02-0214 Previous Filing #:		0214 sample.PDF
Approved	Garage Coverage Part Declarations	16-02-0226	Rev. 4-06	Declaration Replaced s/Schedule	Replaced Form #:0.00 16-02-0226 Previous Filing #:		0226 sample.PDF
Approved	Truckers Coverage Form Declarations	16-02-0237	Rev. 4-06	Declaration Replaced s/Schedule	Replaced Form #:0.00 16-02-0237 Previous Filing #:		0237 sample.PDF



Chubb Group of Insurance Companies

15 Mountain View Road Warren, NJ 07059

GREAT NORTHERN INSURANCE COMPANY

Incorporated under laws of Indiana

BUSINESS AUTO DECLARATIONS

POLICY NO.: _____

Producer

ITEM ONE

NAMED INSURED:

MAILING ADDRESS:

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time at your
mailing address shown above.

PREVIOUS POLICY NUMBER: _____

FORM OF BUSINESS:

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:				
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE
AT THE COMPANY'S OPTION.



Chubb Group of Insurance Companies
15 Mountain View Road Warren, NJ 07059

GREAT NORTHERN INSURANCE COMPANY

Incorporated under laws of Indiana

GARAGE DECLARATIONS

POLICY NO.: _____

Producer

ITEM ONE

NAMED INSURED:

MAILING ADDRESS:

POLICY PERIOD: From _____ to _____
at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: _____

FORM OF BUSINESS:

☐ CORPORATION ☐ LIMITED LIABILITY COMPANY ☐ INDIVIDUAL
☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:

AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 - Common Policy Conditions

IL 00 21 - Broad Form Nuclear Exclusion

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT
THE COMPANY'S OPTION.

THIS DECLARATION MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.



Chubb Group of Insurance Companies
15 Mountain View Road Warren, NJ 07059

GREAT NORTHERN INSURANCE COMPANY

Incorporated under laws of Indiana

TRUCKERS DECLARATIONS

POLICY NO.: _____

Producer

ITEM ONE

NAMED INSURED:

MAILING ADDRESS:

POLICY PERIOD: From _____ to _____
at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: _____

FORM OF BUSINESS:

☐ CORPORATION ☐ LIMITED LIABILITY COMPANY ☐ INDIVIDUAL
☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND, SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:				
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

<i>SERFF Tracking Number:</i>	<i>CHUB-125449649</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great Northern Insurance Company</i>	<i>State Tracking Number:</i>	<i>#367724 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CA-2-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Great Northern Ins. Co. Informational Filing Re-Domestication/08-CA-2-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CHUB-125449649 State: Arkansas
Filing Company: Great Northern Insurance Company State Tracking Number: #367724 \$50
Company Tracking Number: 08-CA-2-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: Great Northern Ins. Co. Informational Filing Re-Domestication/08-CA-2-F

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	02/14/2008

Comments:

Attachments:

NAIC FFS 1-06.pdf
AR PCtrans03-01-07 .pdf

		Review Status:	
Satisfied -Name:	IN Re-domestication letter	Approved	02/14/2008

Comments:

Attachment:

IN letter.pdf

		Review Status:	
Satisfied -Name:	Certificate of Compliance	Approved	02/14/2008

Comments:

Attachment:

AR certification.PDF

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		08-CA-2-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Business Auto Declarations	16-02-0214 (Rev. 4/06)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	16-02-0214 (Rev. 4/06)	
02	Garage Declarations	16-02-0226 (Rev. 4/06)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	16-02-0226 (Rev. 4/06)	
03	Truckers Declarations	16-02-0237 (Rev. 4/06)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	16-02-0237 (Rev. 4/06)	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
11			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
12			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
13			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
14			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
15			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
16			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Chubb Group of Insurance Companies				Group NAIC #	038
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Great Northern Insurance Company	Indiana	20303	41 0729473			

5. Company Tracking Number	08-CA-2-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
John Zanzalari, 202 Hall's Mill Road, P.O. Box 1650, Whitehouse, NJ 08889-1650	Vice President, Manager, CCI State Filings Department	(908) 572-4726	(908)572-4820	jzanzalari@chubb.com
7. Signature of authorized filer		<i>John Zanzalari</i>		
8. Please print name of authorized filer		John Zanzalari		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20 Commercial Auto			
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	Commercial Auto			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	1-25-08			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-CA-2-F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Informational Filing

Dear Sir or Madam:

Enclosed for your information are our declarations pages.

Effective November 30, 2007, Great Northern Insurance Company was re-domesticated from Minnesota to Indiana.

We have enclosed a copy of the letter approving the re-domestication to Indiana as submitted to us by the Commissioner of Indiana.

In our previously approved filing the state of incorporation was not hard coded, however, we sent final sample copies to show what our declarations pages would look like upon issuance.

Since the state of domicile of Great Northern Insurance Company has been changed from Minnesota to Indiana and since nothing else has changed, we are submitting our declarations pages showing the state of incorporation as it will appear on issued policies, for informational purposes only and would appreciate receiving your acknowledgment.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 367724 Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



STATE OF INDIANA

MITCHELL E. DANIELS, JR., Governor

IDOI

INDIANA DEPARTMENT OF INSURANCE

311 W. WASHINGTON STREET, SUITE 300

INDIANAPOLIS, INDIANA 46204-2787

TELEPHONE: (317) 232-2385

FAX: (317) 232-5251

JAMES ATTERHOLT, Commissioner

November 30, 2007

Thomas Motamed
President
Great Northern Insurance Company
15 Mountain View Road
Warren, NJ 07061

Dear Mr. Motamed:

I am pleased to inform you that I have approved your company's application for redomestication to the State of Indiana. Enclosed is your Indiana Certificate of Authority. This Certificate is renewable annually; however, the Indiana Department of Insurance will not issue a duplicate Certificate upon renewal.

With this Certificate, your company now has all rights, privileges, and obligations of an Indiana domestic insurance company. Within thirty days of receipt of your company's Certificate, you must file Form D(s) for all affiliated agreements in accordance with Indiana Code 27-1-23-4 and Rule 15.1 (760: 1-15.1-7).

I am confident that your company accepts the responsibility of providing high quality insurance coverage to policyholders. I know that you will work diligently toward our common goal of serving the policy-buying public through qualified, well trained employees and agents.

I invite your company to avail itself of any assistance for services provided by the Department. If you have any questions, comments, or concerns, please do not hesitate to contact us. Congratulations, and welcome to Indiana!

Sincerely,

James Atterholt
James Atterholt
Commissioner

Enclosures:

ACCREDITED BY THE
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES
(317) 232-2413
FAX: (317) 232-5251

COMPANY SERVICES
(317) 232-3437

CONSUMER SERVICES
(317) 232-2395
In-State 1-800-622-4461

EXAMINATIONS / FINANCIAL SERVICES
(317) 232-2390

MEDICAL MALPRACTICE
(317) 232-2402
FAX: (317) 232-5251

SECURITIES / COMPANY RECORDS
(317) 232-1991



ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELF CERT

I, Robert C. Forchetti, Assistant Vice President of
(Name) (Title of Authorized Officer)

Great Northern Insurance Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false

or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ► Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number

Signature of Authorized Officer ►

Name of Authorized Officer ►

Robert C. Forchetti

Title of Authorized Officer ►

Assistant Vice President

Email address of Authorized Officer ►

rforchetti@chubb.com

Telephone # of Authorized Officer ►

908-572-4320

Date ► 12/17/2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

AID PC SelfCert (4/30/03)